

Name:

updated 11/26/2001

PERSONAL INFORMATION	Adm. Date:
Attendance: ___ Half day ___ Full day ___ afterschool pickup	

Child's Name: Birthdate: Sex:
 Address: Phone:
 Father's Name: Work Phone:
 Employment: Cell Phone:
 Mother's Name: Work Phone:
 Employment: Cell Phone:
 Child lives with: ___ both parents ___ mother ___ father ___ other
 Who has legal custody?
 List name & birthdate of other children living in your home:

MEDICAL INFORMATION

Family doctor: Phone:
 In the event of emergency & I cannot be reached, please call:

Name	Relation to child	Phone
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 1.
 2.
 Doctor's Full Address

LIST ANY SERIOUS ALLERGIES & TELL HOW YOU TREAT THEM:

TRANSPORTATION INFORMATION

Child will most frequently be picked up by:
 Other persons authorized to pick up the child:

Name	Relation to child	Auto	License Dr.Lic.#
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 1.
 2.

PAYMENT HISTORY

Month	Amt.Due	Amt.Paid	Check# Date
deposit	100.00		

Please send an email to linda.thompson@longmirelearning.com stating your name and child's (children's) name(s) and the date you mailed your enrollment form and check.